

CONSULT ATTACHED INSTRUCTION SHEET BEFORE COMPLETING THIS REPORT

GENERAL					
1. NAME (Last)	(First)	(Middle)	2. BIRTH DATE	3. SEX	4. GRADE
6. OFFICIAL POSITION TITLE			7. OFF/DIV/DR OF ASSIGNMENT		
8. DATE REPORT DUE IN OR From		10. PERIOD COVERED BY THIS REPORT To		11. MONTHS UNDER MY SUPERVISION	
12. TYPE OF REPORT (Check one)		SPECIAL (Specify)	INITIAL ANNUAL	REASSIGNMENT-SUPERVISOR REASSIGNMENT-EMPLOYEE	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

LIST UP TO SIX OF THE MOST IMPORTANT SPECIFIC DUTIES PERFORMED DURING THIS RATING PERIOD. RATE PERFORMANCE ON EACH SPECIFIC DUTY, CONSIDERING ONLY THE EFFECTIVENESS IN PERFORMANCE OF THAT DUTY. ALL EMPLOYEES WITH SUPERVISORY RESPONSIBILITIES MUST BE RATED ON THEIR ABILITY TO SUPERVISE.

DESCRIPTIVE RATING NUMBER	1. INCOMPETENT IN THE PERFORMANCE OF THIS DUTY	6. PERFORMS THIS DUTY IN AN OUTSTANDING MANNER
	2. BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY	FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS
	3. PERFORMS THIS DUTY ACCEPTABLY	7. EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY
	4. PERFORMS THIS DUTY IN A COMPETENT MANNER	
	5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB	
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 4
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 5
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 6

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

TAKE INTO ACCOUNT EVERYTHING ABOUT THE EMPLOYEE WHICH INFLUENCES HIS EFFECTIVENESS IN HIS CURRENT POSITION - PERFORMANCE OF SPECIFIC DUTIES, PRODUCTIVITY, CONDUCT ON THE JOB, COOPERATIVENESS, PERTINENT PERSONAL CHARACTERISTICS OR HABITS, PARTICULAR LIMITATIONS OR TALENTS, ETC.

RATING
NUMBER

1. UNSATISFACTORY
2. BARELY ADEQUATE
3. SATISFACTORY
4. EXCELLENT
5. OUTSTANDING

NOTE:

If overall evaluation is UNSATISFACTORY, attach copy of memorandum to the employee regarding his performance.

If overall evaluation is OUTSTANDING, justify this evaluation in SECTION E.

SECTION D DESCRIPTION OF THE EMPLOYEE

If employee is deficient with respect to any characteristic, rate 1; if outstanding, rate 5.
(It is expected that most ratings will be 2, 3 or 4)

PERSONAL CHARACTERISTICS	NOT APPL.	NOT OBS.	RATING				
			1	2	3	4	5
GETS THINGS DONE							
RESOURCEFUL							
ACCEPTS RESPONSIBILITIES							
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							
DOES HIS JOB WITHOUT STRONG SUPPORT							
FACILITATES SMOOTH OPERATION OF HIS OFFICE							
WRITES EFFECTIVELY							
SECURITY CONSCIOUS							

FORM 45

AMMATIVE DESCRIPTION OF METHOD OF JOB PERFORMANCE
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STRENGTHS AND WEAKNESSES DEMONSTRATED IN CURRENT POSITION. INDICATE SUGGESTIONS MADE TO EMPLOYEE FOR IMPROVEMENT OF HIS WORK. AMPLIFY OR EXPLAIN, IF APPROPRIATE, RATINGS GIVEN IN SECTIONS B, C AND D TO PROVIDE THE BEST BASIS FOR DETERMINING FUTURE PERSONNEL ACTIONS.

SECTION F

CERTIFICATION

1. FOR THE EMPLOYEE:

I CERTIFY THAT I HAVE BEEN THIS FITNESS REPORT

DATE _____ SIGNATURE _____

2. FOR THE SUPERVISOR:

IF THIS REPORT HAS NOT BEEN SHOWN TO THE EMPLOYEE, GIVE REASON
EXPLANATIONS

DATE _____

TYPE OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
OFFICIAL TITLE _____

3. FOR THE REVIEWING OFFICIAL: (CHECK ONE BOX)

- I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH EMPLOYEE'S PERFORMANCE.

COMMENTS

DATE _____

TYPE OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICIAL